

NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area:	West Texas HMAZ/LMAZ Area:	El Paso
BDTP:	IDU	SUBPOPULATION: Anglo/white men (1,12)

	# of surveys completed: 14	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> • Half reported two or more partners in the past year; 29% reported more than 3 partners in the past year. • 25% of respondents indicated they had a sex partner in the past year who now has HIV. • 25% of IDU Anglo/white men indicated that at least one of their partners in the past year had an STD. • 36% say they had been treated for an STD in the past year and 29% have been treated multiple times. • 53% reported engaging in anal sex. • Of those engaging in anal sex, 43% reported almost never using a condom and 14% reported almost always using a condom for anal sex. • 78% almost never use a condom for oral sex. • 42% almost never use a condom for vaginal sex. • 79% of the men indicated injecting drugs in the past year. Of these men, 73% indicated they shared injection equipment and works, and 62% of the men who shared indicated they cleaned the equipment prior to using. • The top locations where this Anglo/white men IDU engaged in risky activities are (in order): home [57%]¹, someone else's home [43%], streets [21%], cars [21%], and hotels [21%]. • The top four things Anglo/white men IDU said they do to keep from getting HIV are (in order): sometimes use condoms [21%]¹, always use condoms [21%], only have sex with one partner [21%], and clean injection equipment [14%]. Survey respondents indicated the same pattern for protection against STDs. 	<ul style="list-style-type: none"> • A moderate proportion of the respondents reported they have engaged in sex with multiple partners. • There is a moderate prevalence of HIV and STDs in the population based on the morbidity profile for this population. • Reported condom use is lower than that reported for Anglo/white IDU men in the risk profile. • 80% of the respondents have injected drugs in the past year, and 73% of these individuals share injection equipment. 62% of those who share clean injecting equipment. While sharing is higher than observed in other IDU sub-populations, greater than 60% indicate they clean their injection equipment. • While public locations were indicated as places where Anglo/white men IDU indicated they engaged in risky behaviors, a majority indicated these activities occur in private locations. This should be taken into account when trying to reach this population.

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

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*Knowledge (9,11)	<p>Among Anglo/white men IDU:</p> <ul style="list-style-type: none"> • 93% indicated that anal sex without a condom may increase a person's chance of getting HIV, 71% for getting STDs other than HIV. • 93% and 85% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting HIV, 71% each, for getting STDs other than HIV. • 71% indicated that sex-trade work may increase a person's chance of getting HIV, 71% for getting STDs other than HIV. • 79% indicated that unprotected sex under the influence may increase a person's chance of getting HIV and 64% for getting STDs other than HIV. • 93% indicated sex with more than one partner may increase a person's chance of getting HIV and 71% for getting STDs other than HIV. • 93% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 64% for getting STDs other than HIV. • 79% indicated that having sex with men may increase a person's chance of getting HIV and 71% for getting STDs other than HIV. • 86% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV and 71% for getting STDs other than HIV. • 64% indicated that blood transfusions may increase a person's chance of getting HIV, 36% for getting STDs other than HIV. • 99% indicated that needle sticks may increase a person's chance of getting HIV, 50% for getting STDs other than HIV. • 86% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV and 57% for getting STDs other than HIV. 	<ul style="list-style-type: none"> • Between 80 and 90% of the respondents showed good knowledge of HIV transmission routes. Generally, this community shows good knowledge of HIV and STD transmission routes, given these risks.

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*Attitudes & beliefs (10,32,34)	<ul style="list-style-type: none"> On average, Anglo/white men IDU indicated they were in the middle between agreeing or strongly agreeing that a person should tell their sex partner(s) if they have HIV or an STD whether using condoms or not. The top reasons Anglo/white men IDU indicated they had sex without a condom are (in order): don't like condoms [36%]¹, drunk or high [21%], trust partner [14%], condoms were not available [14%], female condoms not available [14%], and partner refused to use condoms [14%]. 63% indicated they were not likely to get HIV, and 58% indicated they were not likely to get an STD. 	<ul style="list-style-type: none"> The Anglo/white men IDU had a similar attitude towards the need to disclose status to partners when using condoms compared to other IDU sub-populations. Primary barriers to condom use were: not liking condoms, being drunk or high, lack of availability, partner trust, and partner refusal. Considering the morbidity rates in this community and the disclosed risk behaviors, the personal perception of risk is low.
*Current communication skills (14)	<ul style="list-style-type: none"> 75% of the Anglo/white men IDU who responded indicated they have talked about getting HIV with at-least some of their partners. Three-quarters of the Anglo/white men IDU who responded indicated they have talked about getting an STD other than HIV with at-least some of their partners. 	<ul style="list-style-type: none"> Three-quarters of the Anglo/white men IDU indicated they discussed risks for an STD or HIV with their partner. This may indicate a higher willingness to communicate.
*Social/peer support (17)	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of Anglo/white men IDU indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 100% for HIV, 60% for an STD. Their current partner(s); 100% for HIV, 77% for an STD. Their past partner(s); 100% for HIV, 86% for an STD. Their friends; 50% for HIV, 50% for an STD. 	<ul style="list-style-type: none"> The majority of the respondents reported they would be comfortable telling family and partners if they contracted HIV. The proportion indicating the same freedom of discussion about an STD infection was lower. Also Anglo/white IDU men had a lower response to informing friends about HIV infections than with family or partners.

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Testing history/need for testing (18-23)	<ul style="list-style-type: none"> 86% of survey respondents indicated they have tested in the past year. None indicated they were HIV positive. Of those who were tested, they tested an average of 2.2 times a year. The top reasons Anglo/white men IDU indicated they tested were (in order): part of routine care [50%]¹, had sex without a condom [36%], thought they might have symptoms [21%], and because they were IDU [14%]. The only reason Anglo/white men IDU indicated they have not tested was that they did not think they were at risk [7%]¹. 57% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 2.6 times per year. 25% of Anglo/white men IDU who have tested for an STD in the past year indicated they have tested positive for an STD. 28% of all respondents indicated they have been treated for an STD multiple times. The top reasons cited for not testing for an STD were (in order): not at risk [7%]¹, and not sexually active [7%], and don't know where to get tested [7%]. 14% of respondents indicated they have tested for Hepatitis A in the past year, 7% for Hepatitis B, 50% for Hepatitis C, and 50% tested for Tuberculosis. 	<ul style="list-style-type: none"> Testing proportions for these respondents is good with 86% of this group testing each year. Those who test, do so an average of just over 2 times a year, just under the average number of partners reported, 3 per year. 64% of respondents indicated HIV testing as a preventive behavior, part of routine care or because they recognized their risk as an IDU. Nearly 60% of the respondents indicated they tested for an STD in the past year. The frequency of testing (2.6 times a year for those who tested) is similar to the average number of partners reported, 3 per year. 15 to 50% of this sub-population respondents indicated they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers, particularly for Hepatitis C testing.
Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a	<ul style="list-style-type: none"> The top locations Anglo/white men IDU go for an HIV test are (in order): community-based organization [29%]¹, other public clinic [14%], doctor's office [14%], and the hospital [14%] The top three locations Anglo/white men IDU go for an STD test are (in order): community-based organization [14%]¹, drug treatment [14%], and prison [7%]. 14% of respondents indicated barriers in their community to seeking prevention services. Barriers mentioned were that they didn't know where to go for programs [7%]¹ and hours of operation are inconvenient [7%]. 	<ul style="list-style-type: none"> The primary source for HIV testing are community-based organizations, public clinics and private providers. Primary locations for and STD diagnosis and treatment are community-based organizations, drug treatment facilities, and prisons. Lack of knowledge of programs and inconvenient operating hours were listed as barriers to accessing

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response option.	<p>inconvenient [7%].</p> <ul style="list-style-type: none"> The top locations where Anglo/white men IDU have gotten HIV and STD information are (in order): drug treatment centers [21%]¹, community-based organizations [21%], and work, health fairs, telephone hotlines, counseling and testing centers, public health clinics and other health clinics at 14% each. The top locations where Anglo/white men IDU have gotten information on HIV and STDs that has helped them are (in order): work [14%]¹, other health clinics [14%], and drug treatment centers [14%]. 	<p>barriers to accessing prevention services.</p> <ul style="list-style-type: none"> Prevention information was primarily obtained from community-based organizations and drug treatment centers. The most helpful information was obtained from work, health clinics and drug treatment centers.
Prevention needs (35-39)	<ul style="list-style-type: none"> For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): how to have safe sex [79%]¹, basic information on HIV [71%], drug abuse counseling and treatment [57%], how to clean needles and works [50%], how to use condoms [43%], and want to know how to talk with partners about using condoms [36%]. Primary locations where Anglo/white men IDU indicated they would get information on HIV and STDs in the future are (in order): health fairs [43%]¹, drug treatment centers [43%], community-based organization [43%], public health clinics [43%], and counseling and testing centers [43%]. Primary locations where Anglo/white men IDU indicated they would NEVER get information on HIV or STDs in the future are (in order): bars [36%]¹, work [29%], church [29%], bath houses [29%], and the library [21%]. 	<ul style="list-style-type: none"> Activities requested by Anglo/white men IDU include basic HIV and STD information, how to have safer sex, drug abuse counseling and treatment, how to use condoms, and how to clean needles and works. The primary locations where Anglo/white men IDU indicated they would go to get HIV and STD information are health fairs, drug treatment centers, community-based organizations, and health care providers. The primary locations where Anglo/white men IDU would NEVER seek HIV or STD prevention messages are bars, work, church, bath houses, and libraries.

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Specific Information about HIV⁺ from HIV⁺ risk profiles	<p>Statewide for all HIV positive Anglo/white IDU men²:</p> <ul style="list-style-type: none"> • 52% of HIV positive Anglo/white IDU men never use a condom for anal sex. 50% of individuals responding indicated never using a condom for vaginal sex, and 68% for oral sex. • Over 20% indicated an STD diagnosis in the past year. • 51% indicated more than 1 sex partner in the past year. • Under 20% indicated some sex trade work in the past year, equally distributed between buying and selling sex. • 87% indicated substance use with sex in the past year. • Two-thirds indicated sharing injection equipment in the past year. • 72% indicated their partners were at risk, and over 42% indicated their partners had multiple partners. • The top drugs used during sex were: cocaine [62%]¹, alcohol [59%], marijuana [43%], and heroin [31%]. <p>In the El Paso HMAZ, all IDU²:</p> <ul style="list-style-type: none"> • 40% indicated never using a condom use for vaginal sex. 62% of individuals responding indicated never using a condom for oral sex. • 30% indicated an STD diagnosis in the past year. • Half indicated more than 1 sex partner in the past year. • 30% indicated some sex trade work in the past year, both selling and buying sex. • All indicated substance use with sex in the past year. • 80% indicated sharing injection equipment in the past year. • One-third indicated their partners were at risk, and 90% indicated their partners had multiple partners. • The top drugs used during sex were: cocaine [90%]¹, heroin [90%], alcohol [80 %], and marijuana [50%]. 	<ul style="list-style-type: none"> • The proportion of Anglo/white men IDU positives reporting never using a condom for sex among HIV positive individuals is similar to that reported respondents to the needs assessment survey. • The proportion of HIV positives with a recent STD diagnosis is significant, two to three in ten positives having an STD in the past year. This is particularly troublesome considering over half of HIV positives indicated multiple sex partners in the past year and 20% involved in trading sex for drugs, food, shelter or money. • Between one-third and three-quarters of HIV positives (Anglo/white IDU men) indicated their sex partner was at risk. • 67 to 80% of positives indicated they share injection equipment. This is similar to the sharing reported in the needs assessment survey. • The drugs of choice for HIV positives are cocaine, alcohol, marijuana, and heroin.
Other		

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